



De-Linking FEP and Medicaid

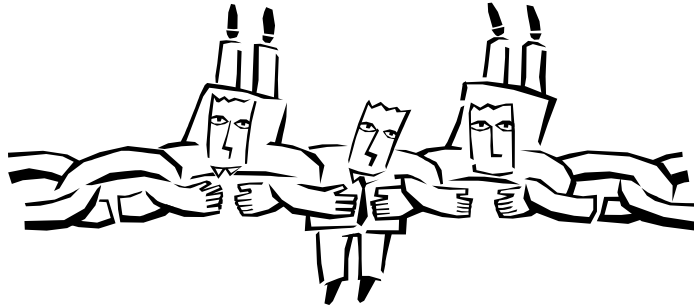
Effective November 2004, Family Employment Program (FEP) customers will no longer be automatically eligible for Medicaid. Eligibility for Medicaid programs will be determined separately. Most FEP households will still be eligible for FM-O Medicaid. Any households that do not qualify for FM-O will most likely be eligible for FM-O-O or FM-O-12 (Transitional Medicaid).

Prior to de-linking PACMIS required that an AF and an FM program be registered together. The category code for the FM program registered with an AF program would always show F. However, even though the category in PACMIS showed FM-F, FEP households were actually receiving FM-O. After de-linking, the FEP program and the Medicaid programs will be separate. Because of this, the Medicaid program that you will register with the AF will be FM-O. Most FEP households will still qualify for FM-O. However, if they do not, any other combination of Medicaid programs can be registered with the AF program. Since FEP recipients will no longer automatically qualify for Medicaid, it will be the workers responsibility to determine what Medicaid program to open for each household member. For example, you may have an NB for the children, a PN for the mother. The FM-F program type will now only be used when the household's income is over the limit for FM-O and the household wants to spenddown or if the household wants to leave a child out of the FM coverage. The extended Medicaid programs, FM-O-O and FM TR will be considered only when the household loses eligibility for FM-O.

The de-linking conversion process will be done automatically by PACMIS. Cases open for AF/FM-F in the month of October will roll to November and FM-F will automatically change to FM-O. AF/FM cases that do not roll to November (i.e. new applications, reviews, etc.) will need to be converted manually. In these situations, copy the case to November, close the FM-F on the FMED screen effective October 31, 2004 using the "XS" or "ZZ" closure code. Add FM-O through APMA effective November 1, 2004 and process the case.



De-linking required some changes to PACMIS. For example, the screen sequence will now include a separate resource determination and authorization screen for the medical program. This training packet follows the PACMIS screen sequence and includes changes in PACMIS procedure and coding, along with some policy reminders.



APMA/REAP – Application Maintenance/Register Application

- When registering an AF and FM case, the FM category will default to “O”.
- De-linking will allow AF to be registered with other medical programs such as NB, PN, DM, etc., if the household is not FM-O eligible. On REAP or APMA, workers can change the FM category to “F” instead of “O” if the household income is over the FM-O limit. The FM-F program may require a spenddown.
- Registration for FM-F programs with subtypes of 4M and 12M will no longer be allowed after October 31, 2004. Cases currently open with these subtypes will continue through the duration of their eligibility. Effective November, 4M and 12M eligibility will only attach to FM-O.

New warning messages have been added.

- ❑ If AF is registered with an FM-F instead of FM-O, the warning message “**WARNING** FM-O IS THE PROGRAM OF CHOICE WITH AF” will be displayed.
- ❑ If AF is registered without a medical program registered, the warning message “**WARNING**WHERE’S THE MEDICAL?” will be displayed.

REPT/DECA – Revert Program To Open/Delete Case

AF and FM programs must be reverted to open or deleted separately.

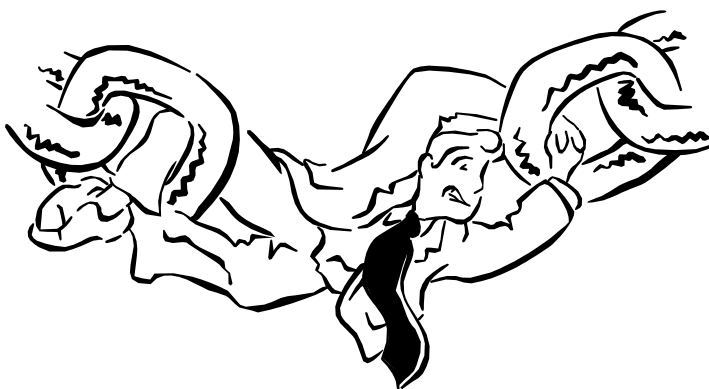
SEPA – Setup Participation

Effective November 2004, PACMIS will no longer require the “Y” Special Project Indicator code on SEPA for any medical program. PACMIS will not generate a Special Project field when registering a medical program.



Household size could be different for FM-O and FM-F.

- For all family related Medicaid programs except FM-O, a parent has the option to exclude a dependent child from the household size if it is a benefit to the household to do so. However for regular Family Medicaid (FM-F) at least one child who meets the age and deprivation requirements must be included. When a child is excluded from the household size, that child will not be eligible for Medicaid coverage and their income and assets will not be counted in determining eligibility.
- Coding an unborn child:
 - FM-O – An unborn child is not included in the household size until they are born and their relationship is changed from “UB” to “CH”. (Set an alert at the beginning of the 3rd trimester to code the unborn child “IN”.)
 - FM-F – Include an unborn child in the household size for FM-F (or any other family related Medicaid program, except FM-O.)



ETRC – Ethnic/Residency/Citizenship/Identity/School

The UM TPL date field will be removed from the screen.

MASD – Marital Status/Deprivation/Cooperation



Deprivation due to absence needs to be determined separately for AF and FM Programs.

The fact that a child in an AF household is deprived of support because a parent is absent from the home does not necessarily mean the child meets deprivation requirements for FM.

Deprivation definitions for FEP and FM:

- AF (FEP) – “A parent who is determined to NOT reside in the home can provide continued care, guidance, and support to a child without affecting the household’s eligibility for assistance.” *InfoSource DWS 221-7.*
- For FM – Eligibility based on absence requires that the absence exists and “the nature of the absence is such that it interrupts or terminates the parent’s ability to provide maintenance, physical care, or guidance for the child.” *InfoSource Family Medical 303-6 #1.*

Example: If the reason for deprivation is divorce but the absent parent provides maintenance, physical care or guidance for the child, the DV deprivation code will “pass” for AF, but the worker must close or deny the family medical program with the appropriate code and determine if the child/ren are eligible for any other Medicaid program.

New warning message has been added.

- ❑ When the deprivation reason posted on MASD is DV, DS, LS, NE, or PE and the program is FM, the following warning will appear:
“WARNING: DOES CHILD MEET FM DEPRIVATION RULES? SEE HELP SCREEN.”



MASD – Marital Status/Deprivation/Cooperation (Continued)

Two Parent Households

- The FM-TP program and “TP” deprivation code will no longer be valid after October 31, 2004. Register an FM-O or FM-F case and use the “TW” deprivation code on MASD when the Primary Wage Earner parent is working less than 100 hours per month.
 - If the household is open for AF-WP, use the WP deprivation code for both the financial and medical programs.
- The Primary Wage Earner (PWE) must be identified and the last day they worked 100 hours must be posted on VOQS. Also, a warning will appear on the EAIN, SEEI, and the authorization screens if the hours posted are equal to or greater than 100 hours.

A new error message has been added.

- ❑ “ERROR: WP DEPRIVATION CODE NOT ALLOWED UNLESS AF/WP OPEN.”

VOQS – Voluntary Quit/Striker

When the deprivation is “TW” or “WP” for a two parent household, the worker must determine which parent is the Primary Wage Earner (PWE) and post a “Y” for that person under PWE on VOQS. The worker must also post the last day the PWE worked 100 hours or more. Policy reads:

“Deprivation Due To Unemployment - A child who lives in a two parent household is deprived of parental support if the parent who is the primary wage earner is unemployed or employed less than 100 hours a month and has not refused work in the last 30 days.”

How to Determine the Primary Wage Earner:

“The primary wage earner is the parent who had the most earnings in the 24 months prior to the application month. Use the best available evidence to make this determination. If the evidence does not prove which parent is the primary wage earner or if both parents earned the same amount of income, the household may designate which parent is the primary wage earner. The same parent will be considered the primary wage earner for as long as the family continues to receive Family Medicaid without interruption. The household may not designate a new primary wage earner at a review. Make a new determination only if the Family Medicaid program closes and the household later reapplies.” – InfoSource, Family Medicaid, 303-6 #4.

****RD – Resource Determination**

The screen sequence will require workers to pass through the Medical Resource Determination screens as well as those for Financial, Food Stamps, and Child Care. For Example: FMRD.

UNIN/EAIN/SEEI – Income Screens



Use OC codes if income counts differently on the different programs—or as you add programs to already issued assistance.

Earned income of a dependent child/PACMIS:

There are various rules about counting the earnings of a dependent child based on the program and on whether or not the child is a student. Use Infosource to determine the rules.

- AF (FEP): A dependent child's earnings are coded DC FI when the child is a student and we only want their income to count on the FEP gross and net tests—not against the grant. Code the earnings:
 - DC FI for students - will exempt the student earnings on any other program.
 - DC NS for non-students – earnings will count on all programs.
- FM-O: A dependent child's earnings **must** count against the gross. Code the earnings:
 - DC 19 for students - earnings count in the gross test only.
 - DC NS for non-students – earnings count for the gross test **and** the eligibility determination test.
- FM-F: Code the earnings:
 - DC FI for students.
 - DC NS for non-students.



To avoid understated liabilities, be sure to complete both the Monthly amount and the ABD fields on the income screens.

UNIN/EAIN/SEEI – Income Screens (Continued)

Child Support Coding:

- Child Support needs to be posted next to the child for whom it is being paid.
- There are three subtypes for child support that the various programs treat differently:
 - CS HH counts against all programs. It is child support being paid directly to the household.
 - CS MR is child support collected by ORS on a Medicaid case and then paid to the household. It will count against the Medicaid, Food Stamps, and Child Care. It does not count against a FEP case.
 - CS CR is child support collected by ORS and paid to the household on non-Medicaid cases. The child support will count against Food Stamp and Child Care. When adding FEP to an open Food Stamp or Child Care case, use the CS CR code to count the child support already received in the application month.

CAUTION When adding FEP to an open Medicaid case, the child support will never count against the initial FEP grant if you leave it coded CS MR. However, if the child support needs to count against the FEP grant, change the code to CS CR.

When adding Medicaid to a case receiving Food Stamps or Child Care, the CS CR code will never count against the Medicaid. Change the code to CS MR.

CAUTION Medicaid policy requires child support received for a current month to be posted to the child. Arrearage payments are posted to the parent.

Earnings on a FM-F or FM-O two parent case with deprivation TW:

New warning message has been added.

- ❑ If the hours of the parent who is identified on the VOQS screen as the PWE are equal to or exceed 100 hours, this warning will appear:
"WARNING: PRIMARY WAGE EARNER EMPLOYED MORE THAN OR = TO 100 HOURS".

At that point, the worker will need to review the family medical policy for ongoing cases where the PWE starts working 100 hours or more and determine if ongoing eligibility exists or if the case will need to be closed TR. (Remember, the three out of the last six month rule must be met.)

EXPE – Expense

Dependent Care expenses are to be posted next to the child for whom the payment is being made. The subtype (**) is the position of the person who pays the expense.

- Two new dependent care expense codes have been created to accommodate verification requirements that vary from program to program:
 - DN** - Allows the deduction for Financial only.
 - DE** - Allows the deduction for Medicaid only.
- Other dependent care codes still available are:
 - DC** - Allows the deduction for all programs.
 - DF** - Allows the deduction for Food Stamps only.
 - DM** - Allows the deduction for Financial and Medical.

AFPD – FEP Payment Determination

- The field to request a bus pass will be removed from the AFPD screen. Bus pass authorization will only be available on Medicaid authorization screens.
- The AFPD screen will no longer authorize Medicaid. Medicaid authorization screens will now appear in the screen sequence and must be used to authorize Medicaid benefits. (IE: FMIE, FMEX, NBIE, PNIE, etc.)

AFWP – FEP-Two Parent Payment Determination

- The same conditions as AFPD apply.
- The Performance Ratio Code “M” is no longer a valid code as the medical program can be authorized independently. There is no longer a need to use this screen to authorize medical benefits prior to receiving verification of hours approved for the financial payment.

FMEX/FMIE – F- Medical Excess and FM-O Medicaid Determinations



The public assistance grant is not countable for medical.

Once FM-O is open for one month, 30 and 1/3 will begin the next month, even if AF is open.

New Error/Warning messages have been added.

- ❑ If a TW or WP deprivation code is posted on the MASD screen, a Primary Wage Earner (PWE) must be identified on VOQS or this error message will appear on FMEX/FMIE: "ERROR – TWO PARENT UNDEREMPLOYED HOUSEHOLD – MUST IDENTIFY PWE."
- ❑ If a TW or WP deprivation code is posted on the MASD screen and if more than 100 hours is posted to the Primary Wage Earner (PWE) on EAIN and/or SEEI, this warning message will appear on FMEX/FMIE: "WARNING: PRIMARY WAGE EARNER EMPLOYED MORE THAN OR = 100 HOURS."
- ❑ If an FM-F case is registered and there is no spenddown required, the case may be FM-O eligible. This warning will appear on FMEX: "WARNING: NO SPENDDOWN, IS HOUSEHOLD ELIGIBLE FM/O?"

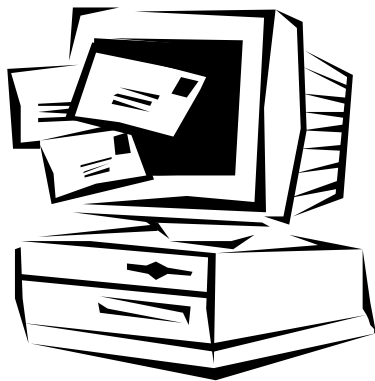
****ED – Eligibility Determination**

Eligibility Determination screens will now appear for medical programs. For example FMED.

- Closing a financial program will not close the medical program or auto register a new FM-O case.
- Workers must deny/close a medical program separately from a financial program.
- Closure Codes:
 - CS –The CS closure code will not be allowed for any program effective November 1, 2004.
 - FO – Use for FM-O to convert from FM-O to FM-O-O when a case becomes ineligible for FM-O because of a parent's earned income. This will open FM-O-O.
 - FS – Use for FM-O closure when a case becomes ineligible for FM-O because of increased child support. This will open FM-O 4M.
 - TR – Use for FM-O/FM-O-O closure to open FM-O 12M. TR is no longer a valid closure code for AF or FM-F.
 - GI, NI or MI – use to close AF.

PACMIS Notice Changes

- Any notice that is identified by "FM**" will only apply to Financial benefits. For example: the FMAA only gives notice of a Financial approval. The MMAA notice would also need to be sent for a Medical approval.
- All combination notices identified by "C***" have not changed and can still be used.



RF/RM Refugee Issues

Individuals eligible for Refugee Financial (RF) assistance by federal law will still be automatically eligible for Refugee Medical (RM) assistance.



RF=Refugee Cash Assistance RM=Refugee Medical Assistance

- ❑ Refugee programs are time limited to the first eight months the participant is in the United States. Consider eligibility for FEP and other Medicaid programs (except PCN) for each household member before opening the RF or RM programs. Most families will qualify for FEP or Family Medicaid—usually RF and RM participants are single adults or childless couples.
- ❑ Refugee Medical assistance does not offer any extended Medicaid programs similar to FM 12 or FM 4M.
- ❑ The spenddown amount owed on a RM case can never increase.

Refugee PACMIS Changes:

- PACMIS will now show both RF and RM resource, authorization and closure screens.
- The RFPD screen will no longer authorize Medicaid. RM will automatically pass eligibility criteria when RF is approved, but the Medicaid must be authorized on the RMEX screen.
- A case open for RF, does not have to have RM attached. If the refugee is eligible for another Medicaid program, open that program with RF. (IE: RF and FM-O). If the refugee is not eligible for any other Medicaid program, they will automatically pass eligibility for RM when RF is approved, but RM must be registered and authorized.
- Closing the RF case will not close the medical case. PACMIS will allow a RF case to be closed while an eligible Medicaid case remains open.
- Consider eligibility for non-refugee programs such as FEP or FM-O before approving RF/RM. A refugee who loses eligibility for non-refugee programs during the first eight months, may be eligible for the remaining months on RF or RM.

New warning messages have been added.

- ❑ After authorizing Refugee Cash Assistance, this message will appear on RMEX if RM is registered: "AUTO ELIGIBLE—RF EXISTS—AUTHORIZATION REQUIRED."

When Refugee Financial and Refugee Medical exist in the same month, the RMEX screen will require authorization of RF before the RM can be authorized. If the RF is not authorized, this message will appear: "NOT ELIGIBLE—MUST AUTHORIZE RF."

